

# CITY OF RALEIGH SOLID WASTE SERVICES DEPARTMENT APPLICATION FOR NEEDS ASSISTANCE PROGRAM

Mail completed form to: Solid Waste Services, PO Box 590, Raleigh, NC 27602  
Or fax to (919) 212-4290

## PART A: TO BE COMPLETED BY APPLICANT

Last Name:	First Name:	Are you the water account holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		City:	State: Zip:
Home Phone Number: ( )	Mobile Phone Number: ( )	Email Address:	
Water Account # (Can be found on your monthly City of Raleigh water bill):			

## PART B: TO BE COMPLETED BY PHYSICIAN OR PHYSICIAN ASSISTANT

Physician/PA Name:	Physician Type:	License Number:	
Physician Address:	City:	State	Zip Code:
Telephone Number: ( )	Fax Number: ( )	Email:	

**Note to Physician:** By completing and signing this form you are indicating that the applicant is not capable of maneuvering 95-gallon carts for curbside collection.

Is the applicant your patient? ☐ Yes ☐ No

This condition should be: ☐ Permanent ☐ Temporary until: From: \_\_\_\_\_ To: \_\_\_\_\_

I certify by my signature that I am a physician/PA licensed to practice medicine in North Carolina, and that in my judgment the patient meets eligibility requirements for the needs assistance program.

Physician/PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART C: POLICY AND PROCEDURES

**The Solid Waste Services (SWS) Department at all times has the authority to terminate such service upon a reasonable basis stated in writing to the recipient of the service. Upon termination of the service, the individual must immediately resume curbside collection.**

The SWS customer shall be responsible for:

- Releasing SWS employees from liability to enter the property to collect carts and conduct site visits.
- Holding the City harmless for any damage caused in connection with the collection of carts from the property.
- Providing safe access to the trash carts by ensuring gates are unlocked and pets are restrained. SWS employees will not go on porches, decks, or in garages.
- Notify SWS of any move within 30 days of vacating the premises.
- Applicants physician or physician's assistant must complete and sign Part B of the NAP application.
- After completion of parts A and B of the NAP application, applicants can fax the completed document to SWS 1-919-212-4290 mail to PO Box 590, Raleigh, NC 27602, or email to [nap@raleighnc.gov](mailto:nap@raleighnc.gov).
- Upon receipt of NAP application, SWS will contact the applicant to verify eligibility.
- Failure to adhere to NAP policy and procedures may result in service termination.
- Should the NAP application be denied, the applicant has ten business days to provide a written appeal.

## PART D: TERMS AND CONDITIONS

- Water account holders and individuals with Power of Attorney to make decisions for account holder are eligible to apply for the NAP.
- SWS will collect garbage and recycling on the customer's regularly scheduled service day.
- Applicants with a permanent disability must resubmit completed NAP application every 24 months.
- Applicants with a temporary disability will be removed from the NAP at end of their disability term as identified in Part B.
- Applicant must make garbage and recycling carts accessible for collection.
- Yard waste collection is not included in the NAP.
- SWS will not provide service during inclement weather. However, service will resume when SWS can safely collect.
- Applicants may be subject to an annual audit to verify eligibility.

I have read and agree to the Needs Assistance Policy Terms and Conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Power of Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is not a public record under North Carolina law.

## FOR SOLID WASTE SERVICES USE ONLY

Date Received: \_\_\_\_\_ Date Customer Contacted: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

☐ Approved ☐ Denied \_\_\_\_\_ Collection Point: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Route: \_\_\_\_\_ Collection Day: \_\_\_\_\_ Inspection #: \_\_\_\_\_